

Schultz (S.S.) *Liz*

*With Dr. Schultz's
Comments*

ON
ASYLUM LOCATION, CONSTRUCTION
AND SANITATION.

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By S. S. SCHULTZ, M. D.,

Superintendent Hospital for the Insane, Danville, Pa.

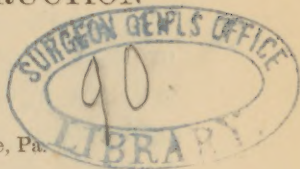
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ON ASYLUM LOCATION, CONSTRUCTION AND SANITATION.*

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An honest man is said by the poet to be the noblest work of God. If we expand the present idea attached to the word honest, by bringing back to it some of its more original meanings, as for instance, suitable, fit, I think we may, without extravagance, say that an honest hospital is the noblest work of man. In its planning, construction and the establishment of its surroundings, all his best endowments may find scope for exercise and development. His best judgment and skill, as well as those elements of his nature which draw their inspiration chiefly from the future and from above, have in this work abundant room for play.

The principles which should control the location of an Insane Hospital, are so plain and easily understood in the abstract, that their simple enunciation receives general assent; but their application in practice will give rise to many debatable questions, for few localities, if any, can unite all the desirable characteristics, and choice must be made of that one which appears to combine the greater number of those most essential. There are some whose absence should always be considered fatal to any place, no matter what else may be present to recommend it.

It should be in or near the center of the population to be provided for; selected, also, with reference to lines of

*Being the Chairman's report of the Committee on Asylum Location, etc., read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884.

travel and of transportation, making it easily accessible to persons having business with it, or for bringing supplies to it. If too near a town (within one and a half or two miles) the outdoor movements of the inmates will be injuriously interfered with or restricted, and undesirable visitors invited. If too remote (more than three or four miles) employes will be less readily obtained or kept. This is especially true of the necessary mechanics. If the town is small the location may be nearer; if large, it should be more remote. It should be possible conveniently to have repairs made in all departments of the building.

A supply of wholesome water to the extent of one hundred gallons per day for each patient, should be secured beyond the least peradventure.

The character of the soil and the inclination of the surface should be such as to make thorough subsoil and surface drainage sure and economical.

Whether the sewage is to be wasted into a natural water course or used as a fertilizer, no hospital should ever be placed where it can not be easily disposed of without either poisoning the hospital population, or becoming a nuisance to the neighborhood.

The purity of the atmosphere from natural or manufactured poisons or unpleasant admixtures, must not be overlooked.

No hospital for the insane, however limited its capacity, should have less than fifty acres of land in its absolute control or ownership, surrounding the buildings; nor less than half an acre per patient when its capacity is greater.

A varied and extended landscape, suited to awaken pleasurable emotions in the healthy mind, exerts a soothing and healing influence on the insane, and such an advantage should not be forgotten or ignored when determining the site of a hospital.

If it is admitted, on all hands, that a civil architect could not lay out a fort or plan a ship or astronomical observatory, why then should his competency to design a hospital be assumed, when its purpose is as special and foreign to his ordinary line of thought, as either of those structures? And yet it would not be difficult to find buildings whose ostensible purpose is the care and cure of the insane, but whose construction has absorbed thousands upon thousands of money, that were planned by men who have never given a day's earnest thought to the characteristics of the insane, and who could probably not be induced to spend a day among them, in the wards of a hospital, in order to study and become acquainted with their wants. Even where this irrational practice has not been carried to this extreme, the wrong theory underlying it has often had an influence which has materially interfered with the usefulness of the hospital. The external and material hampers the internal and spiritual, as when the best mental endowments are prostrated by a diseased body. When the architectural idea controls the medical, and the distribution, size and use of the rooms and the possibilities of admitting air and light are subordinated to, where they can not be harmonized with an æsthetic contour and sky-line of the building; the welfare of the patient is in corresponding degree sacrificed. We would feel but little admiration for the skill of the supreme architect, could we suppose that in the construction of man, the bony skull was first contrived, and the nerve contents with their lofty functions subsequently thrown into it at random, both to be at the mercy of their unyielding surroundings. The product of such a method of creation would be contemplated with little respect. The "erection of palaces for paupers" at the public expense, has become a by-word, eagerly seized upon to the

injury of the cause of the insane, and to bring reproach upon the laborers in it. The blame for what truth there is in the charge, belongs chiefly to those who maintain the assumption that ideas born of experience must be subordinated to the theoretical notions of those who have never studied the wants of the insane; that the exterior of a hospital is to be first erected according to the rules of architectural taste, and that the filling in is a secondary matter. Those who, as inmates or as their care-takers, spend their time inside and look out, are naturally less concerned about the external which they see only exceptionally, than the internal, which they look at and use constantly. The architect finds his reward in pandering to the taste of the larger community outside, whose praises are music to his ear as well as money to his purse. The hospital man should therefore be censured neither alone nor chiefly for this public sin, where it has been committed.

One of the first questions to be decided in the planning of an hospital for the insane, should be that relating to the class of patients which are to be accommodated in it. Shall it be for those who are pecuniarily able to remunerate the hospital for all they may receive from it, or for those who must accept as charity from the taxpayer the care which they require and receive? Is it to be a public institution, constructed and subsequently maintained out of public funds, or a private one whose patients pay for what they receive, not only for what is necessary and suitable for every member of the human brotherhood, but also for so-called luxuries, which they have been accustomed to, and which by reason of their habits and tastes have become indispensable to their reasonable comfort? It is no doubt repugnant to our training as medical men, who from our professional infancy have had enjoined

upon us the duty of charity, and who, when maturity has been attained, are accustomed to dispense vastly more of it than any other class of men, to entertain the thought that such distinctions are to enter the chamber of sickness, and that as the greatest leveller of men approaches, the accidents of our nature must be insisted upon and maintained. There is, however, no lack of charity in this. He who spends without limit upon his personal wants in health, should not on account of his illness simply be restricted so far as the faculties and the means of innocent enjoyment remain. One should rather argue that as the illness necessarily closes some avenues of enjoyment; instead of letting any that remain unused, new ones should as far as practicable be opened to make up for those that are lost.

In the case of those who must be entirely dependent upon public charity, the proper question to ask would seem to be what kind of buildings will answer all the reasonable requirements of those to be cared for, and at the same time will not involve such an outlay as will make it impossible to secure corresponding provision for all having equal claims, or to meet adequate current expenses for maintenance. The point is, to provide suitable, reasonable accommodation, and do it so economically and at such a per capita outlay, that none who require it will need to suffer because there is not enough of it. I doubt whether practically this question has been solved in the best manner; whether the controlling powers have had enough wisdom to secure the greatest good for the greatest number; whether some have not been housed so liberally, that other members of this afflicted family equally entitled to the parental protection have been compelled to wander about shelterless, when a more judicious use of the means at command might have provided a comfortable home for all.

I have just referred to adequate support of the hospital when once in operation. That the best results may be obtained, the necessity is acknowledged on all hands of an individualized treatment, devised to meet the peculiarities of each case no less than the uniform wants of all. Numerous attendants well trained to their work are essential to such a treatment, and without them it is impracticable. Occupation, which of course should not be synonymous with labor, is of vital importance. There must be for this purpose varied appliances, but among them all intelligent attendants are the chief. The nutrition of a large proportion of the patients that enter the public hospitals is at a low grade; this is a condition which can only be suitably met by a varied, abundant, nutritious and easily digested diet, prepared in a manner to stimulate the appetite. I believe there is ground for the opinion that if more could be spent on these two items, of attendants and food, not to mention others, our records of recoveries, of deaths, of restraint and seclusion, would upon the whole be more satisfactory.

Funds available for the benefit of the insane, whether public or private, may be so lavishly expended for buildings that the subsequent maintenance of the inmates becomes of necessity too economical to be effective. Buildings do not make a college or a university. In the most humble edifices the best educational work is sometimes done. While therefore structural arrangements are an important element, they are not an essential one, nor are they the chief; and they *may* exist to perfection, and the proper work of the institution be nevertheless very inferior. These truisms, I believe, are as applicable to an hospital as they are to an institution of learning, and the lessons they teach can not be innocently ignored by

those who are entrusted with the responsibility of planning hospitals any more than they can be by those who are projecting colleges.

Another question, I think, may properly be allowed to come up in this place, and without trying to answer, I will state it. It is this: Has the theory of hospital building evolved from the requirements of private patients, and the desire to gratify the tastes and consult the habits of the cultured and the opulent, been permitted to shape the plan of buildings, the vast majority of whose inmates are of a totally different class? And, if so, has this process been permitted to go further than has been conducive to the good of all the insane?

The one function of a hospital with which it is more usually associated than any other in the public mind is that of restricting the personal liberty of its inmates. The most usual motive which leads friends of the insane or the public authorities to commit them to a public institution, is that of providing for a member of the community who has become too troublesome to retain his usual relations to it. The process of reasoning, which lies at the foundation of the step, and which precedes it, is usually not; this person is ill, and therefore should go to an hospital that he may get well, but it is; this person has become too troublesome, too dangerous to himself or others, and therefore he must be removed to some place where he can be controlled. The hospital is usually the last resort made use of when other means have been tried and failed. That this should be the case is a great misfortune, from which the insane themselves are the greatest sufferers. Some are never permitted to enjoy that kind of care, which is most likely to be of benefit to them, and others do not get it while it could be the means of cure; both alike become hopeless invalids.

This reluctance to confide the insane to the care of hospitals is partly due to the notion that they are chiefly places of restraint, and that those in charge are chiefly turnkeys. We know that this notion is false, and also to how great an extent it has been brought about, and is now kept alive by untruthful assertions, prompted by self-interest or revenge; and yet, on the other hand, is it true that hospitals or their architects have in this matter attained the apostolic standard, and have become all things unto all men that they might save, cure, some? Has there been such an effort to satisfy public opinion, however erroneous it might be, as would without sacrificing principle, overcome prejudice, and thereby bring more patients to hospitals, and bring them at an earlier period of their illness? In other words, could not buildings be planned which would accomplish all that is desirable, and at the same time would be less formidable in appearance to the friends of patients than many of the large structures now in use as hospitals? The element of restraint in the treatment of the insane, so far as it is secured by structural arrangements, is required by different cases in a very unequal degree. At one end of the line is a class of cases which require nothing more than is involved in a transfer into new scenes, the removal of injurious influences and the enforcement of correct habits of living. With the well-to-do these conditions can and often are obtained outside of hospitals; with the poor such recourse is essential. At the other end is the homicidal maniac with criminal impulses, who is too often still unfortunately sent, in the absence of a proper place, to an ordinary insane hospital. He requires for his secure keeping the substantial environments of a well appointed penitentiary. The wide gap between these two extremes is filled with a variety of

cases approaching in their features more or less to either end. Now, I believe that that hospital of the future, which will be able to show to the public structural plans and arrangements that will be as fully in harmony with the requirements of that class of the insane which need little or no restraint, as our present buildings generally are in harmony with the needs of those who require it liberally, will have the largest number of recent admissions, and will be less often than others the subject of exciting novels and legislative investigations. The increase of admissions of recent cases, promising the substantial good of more numerous cures, is an end for which severe efforts and all reasonable sacrifices may well be made.

The point has been much discussed in print and in meetings of this Association, whether the curable and incurable should be taken care of in the same buildings. No one plan appears to have been generally acquiesced in. And where such diverse and even opposite views are entertained by men of equal opportunities and zeal for knowledge as well as love for correct methods and the good that results from them alone, it ill becomes one to be very secure, in the correctness of his own. One point, however, can not be doubted, and this is that the plan and manner of construction of a hospital must vary with reference to the kind of patients that is to be accommodated in it, and hence the propriety of alluding to the matter in these remarks. Such variation, however, does not depend on the duration of the disease, nor on its prognosis. In a hospital the classification of patients by wards is not made with reference to these principles; not all the recent go into one set of wards, and all the chronic into another; nor do we put all those likely to recover into one part of the building, and those for whom we

have little or no hope into another. If any one were to go through a hospital, or a number of them, with a view to learn on what theory the inmates were distributed it would probably appear that the desire or perhaps the necessity to place those least uncongenial to one another, and those requiring somewhat similar moral treatment together, had chiefly controlled the matter; and that thus the curable and the incurable, the recent and the old, were often found to be associated. It would be reprehensible to permit theoretical notions to override that arrangement, which would best promote their comfort, or diminish the friction of their intercourse with one another.

Now, the same ideas which in an institution control the distribution of its smaller population into wards, should, I think, influence the collection of the larger insane population of a State, or portion of a State, into independent hospitals. One ward does not contain recent cases exclusively, nor does another contain old cases exclusively; neither should an institution contain only the one class of patients, and for the like reason, that such an arrangement diminishes the comfort of the inmates, and introduces artificial difficulties into their care.

“Necessity is the mother of invention,” says the proverb. So here what the wisdom of man failed to solve while it was mostly a speculative question, the necessity of the increasing mass of insanity to be provided for at a less rate than fifteen, twenty-five, or more, hundred per person to do it with, has solved in what appears to be a very satisfactory manner. When the map of a State is dotted over with hospitals close enough for the transportation of patients from the remote corners to be not unreasonably burdensome, and still more room is needed, let there be annexes built

for those out of the entire mass of patients who do not require the single rooms or usual restraints of violent patients. Let these be occupied not by the chronic or incurable as such, but by those whose symptoms or manifestations of insanity are of a mild character. Let us suppose a new hospital is to be built, planned with the probability in view that at some future time the accommodations will be increased by the addition of annexes. The manner of communication between the center and the extreme portions of an institution of even three or four hundred inmates is a point entitled to much consideration. And its importance increases as the number of patients becomes greater, and even in a more rapid progression. Not to mention other ends to be accomplished, I believe it of the greatest value that the population should be brought together often, even daily, for religious services, for amusement, for instruction, or for exercise. That this is practicable in the daytime or in pleasant weather is not sufficient. It should be practicable in the evening and in all kinds of weather. It is true that insanity is the result of bodily disorder, but he who would remedy the former by measures directed to the latter alone or chiefly, will fail of the highest success. That places of assembly for these and other purposes are accessible through the wards of a hospital when of the limited capacity which it was formerly thought must not be exceeded, may be tolerated, but it can not be considered otherwise than a defect in an institution that every evening several hundred, and these among the disorderly, should march and remarch through its quiet wards. And when the population exceeds or even approaches a thousand it ceases to be a defect, and must be a nuisance, whose abatement becomes peremptory.

As at present planned, the State hospitals have dining-rooms for every thirty or forty patients. These are costly in their construction and maintenance. It is difficult, if not impossible, for the officers to exercise thorough supervision and effective control over twenty or more of these sources of stale odors through the house. Three-fourths of them should be abolished where they usually are, and consolidated into one large dining-room near the kitchen. All the objections to carrying the food to the remote and scattered ward dining-rooms would be obviated, and the great work in an hospital of getting sufficient nourishment of a suitable character and in a proper manner into every patient can be performed under an officer's eye.

With some limitations, I would apply the same remarks to the bath-rooms and the process of bathing.

To the end, also, that frequent and unexpected inspection by the officers of all parts of the institution be as much as possible facilitated, such means of inter-communication are necessary, and should be arranged for from the outset, in a manner to suit all probable future increase of the population.

In a hospital building for whose patients the manner of their daily and nightly life is of such paramount importance as compared with the influence of drugs alone, the plan should embrace every practicable advantage in this direction.

These three thoughts occur:

With all the usual provision for patients to be out of doors, they necessarily, when we take both pleasant and inclement weather and seasons into the reckoning, spend the greater part of their time in the wards or corridors. These are often flanked on both sides with the dormitories or single sleeping-rooms, and in a stretch of seventy or more yards, direct light is admit

ted only at the ends and in the middle by alcoves or into little used sitting-rooms. In view of sunlight being as necessary to animal as to vegetable life, to man as to the potato, this arrangement seems faulty. Could not a desirable end here be reached by a farther separation of the day from the night space, perhaps to the extent of putting them into different stories?

Then the oversight of patients and their care during bed hours should be more easy and thorough than it is possible to be when they are scattered through many small dormitories. Not only the epileptic, the suicidal, and those acutely ill with intercurrent diseases should be thus provided for in a plan of the building, but more of the others should have ground for the pleasant and wholesome conviction when they surrender themselves to sleep at night that they will not have unrestricted liberty in any injurious actions suggested by erratic dreams or more erratic delusions.

By the size and relative location of bed-rooms, a night service should be possible which is both easy and complete; the placing of an attendant in a room adjoining an associated dormitory with a communicating door, is not unlikely to prove a broken reed when the unexpected emergency arises.

The third idea here is, that attendants, especially those for the excited patients, should have their rooms and their meals out of the wards where their work is. The care of such persons is an exacting service, and he who engages in it should daily enter upon it refreshed in body, mind and heart, capable of giving to it all his powers in their best state. The conditions for repairing the waste incident to the faithful performance of this work, are hardly found in the presence of the insane, where constant vigilance and activity are required. This end of elevating the nursing rather hinted at than

fully stated in the manner of its attainment by structural arrangements, is, I believe, of sufficient importance to deserve the attention of those called upon to plan a hospital.

In view of the destruction by fire in this country, during the last few years, of buildings in which the helpless were supposed to be sheltered, but in which not a few of them perished, it is a reasonable demand, that such buildings should be made fireproof, at least to the extent that every life might easily and certainly be saved, however sudden and great the emergency.



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